

**2018**

**Legal Services**

**Request for Qualification**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2018 Legal Services Request for Qualification. The RFQ guidelines is a separate document that outlines the RFQ notification process and provides more details on the service and funding requirements.

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| 1. **Submission Instructions & Deadline** |

**Completed application packets are due by 12:00 p.m. (noon) on Wednesday, March 7, 2018.**

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received, and date/time stamped by the 12:00 p.m. (noon) deadline on **Wednesday, March 7, 2018**. *Late proposals will not be accepted or reviewed for roster consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD’s Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
* Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

Request for Qualification Response – Legal Services

Attn: Allison Boll

*Delivery Address Mailing Address*

700 5th Ave., 58th Floor P.O. Box 34215

Seattle, WA 98104-5017 Seattle, WA 98124-4215

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| 1. **Format Instructions** |

1. Applications will be reviewed only on the information requested and outlined in this RFQ including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed ineligible and may **not** be reviewed.
2. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.
3. The application may not exceed a total of 3 pages including the narrative section. The requested attachments do not count towards the page limit. Pages which exceed the page limitation will not be included in the review.
4. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles, and question numbers. You do not need to rewrite the questions for specific elements of each question.

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| 1. **Narrative** |

Write a narrative response to sections A – C. Answer each section completely according to the questions. Do not exceed a total of 3 pages for sections A – C combined.

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| **Narrative Questions** |
| 1. **Experience AND CAPACITy** 2. Describe how undertaking the provision of Legal Services aligns with the mission of your agency. 3. Describe your agency’s experience providing the service components described in Section VI-E. Please address all the expected components, including examples of your success in:    * Individual legal assistance and representation, including representation in judicial and administrative hearings    * Group legal representation, including legislative and administrative/rulemaking information, analysis, and advocacy on broad elder rights issues    * Organizational representation    * Education and training    * Resource development to expand non-lawyer and pro bono lawyer advocacy   ***A qualified applicant meets the following criteria:***   * Description of agency mission demonstrates alignment with Legal Services program goal of securing and protecting essential rights, benefits, and opportunities for older adults in greatest economic and social need. * Description of applicant experience demonstrates a minimum of two years of successful experience providing all the service components of Legal Services in Washington state. |
| 1. **Program design and staffing** 2. Describe your plan for staff recruitment, training, and supervision for the program. 3. Complete the Proposed Personnel Detail Budget (Attachment 4; this does not count toward the 3-page narrative limit). 4. Attach a bio statement for all key personnel who will have a significant role in program coordination and service delivery (This attachment does not count toward the 3-page narrative limit). Bio statements should describe the experience of each staff person, including experience in priority areas of law established in Section VI-B of this RFQ. Please include license #s, if applicable to personnel role. 5. Attach one copy of your current organization chart (This attachment does not count toward the 3-page narrative limit).   ***A qualified applicant meets the following criteria:***   * Applicant has an adequate number of qualified personnel to meet the estimated minimum performance level described in Section VI-F, or a plan to build staff capacity in a short time. * Paralegals, law students, and non-lawyer program personnel operate under direct and regular supervision of an identified, licensed attorney. * Supervising attorneys have a minimum of two years of legal services practice. * Program attorneys and supervising attorneys are licensed to practice law in Washington State. * Program personnel bio statements reflect experience in specific areas of law affecting older persons in economic or social need, including the priority areas of law established in Section VI-B. |
| 1. **Budget and Leveraging** 2. Describe sources and uses of other funds that are typically part of your annual operating budget. Please identify any other resources and amounts that will support participants served by this program and explain how Legal Services funding would be used to maintain or increase legal assistance provided to older adults by your agency. 3. Complete the Proposed Program Budget and Personnel forms (Attachment 3 and 4; these do not count toward the 3-page narrative limit). Please include other resources and amounts that will be used to support participants served by this program.   ***A qualified applicant meets the following criteria:***   * Applicant identifies other funds to be used with any funds awarded in a future Legal Services funding process. * Applicant provides evidence that Legal Services funding will be used to maintain or increase legal assistance provided to older adults. |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items or the application will be deemed incomplete:

1. A completed and signed one-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. Program personnel bio statements.
6. A current organization chart.
7. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
8. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.

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| 1. **List of Attachments & Related Materials** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2018 Legal Services Request for Qualification**

**Application Checklist**

This optional checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

**Completed and signed the 1-page Application Cover Sheet (Attachment 2)?\***

**Completed each section of the Narrative response?**

* Must not exceed 3 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1 inch margins.
* Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this RFQ.
* A completed narrative response addresses all of the following:

Experience and Capacity

Program Design and Staffing

Budget and Leveraging

**Completed the full Proposed Program Budget (Attachment 3)?\***

**Completed the full Proposed Personnel Detail Budget (Attachment 4)?\***

**Attached the following supporting documents?\***

Current verification of nonprofit status or evidence of incorporation or status as a legal entity

If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

Program personnel bio statements

A current organization chart

*\*These documents do not count against the 3-page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00p.m. (noon) on Wednesday, March 7th, 2018**. Application packets received after this deadline will not be considered. See Section I for submission instructions.



**2018 Legal Services Request for Qualification**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | |  | | | | | | | | | | | |
| 1. Agency Executive Director: | | | | |  | | | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | Title: | |  | | | |
|  | Address: |  | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | | | |
|  | Non-Profit | | For Profit | | | | Public Agency | | | | | Other (Specify): | | | | |
| 1. Federal Tax ID or EIN: | | | |  | | | | | | | 1. DUNS Number: | | |  | | |
| 1. WA Business License Number: | | | | | |  | | | | | | | | | | |
| 1. Proposed Program Name: | | | | | |  | | | | | | | | | | |
| 1. King County office or site address (if different than above): | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **Authorized physical signature of applicant/lead agency** | | | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | | |  | | | | | | | |
| Signature of Authorized Representative: | | | | | | | |  | | | | | | | Date: |  |
|  | | | | | | | | |  | | | | | |  |  |

**2018 Legal Services Request for Qualification**

**Proposed Program Budget**

**January 1, 2019– December 31, 2019**

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Title III-B**  **$191,232** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  |  |
| 1300 Fringe Benefits |  |  |  |  |  |
| 1400 Other Employee Benefits2 |  |  |  |  |  |
| **SUBTOTAL - PERSONNEL SERVICES** |  |  |  |  |  |
| **2000 - SUPPLIES** 2100 Office Supplies |  |  |  |  |  |
| 2200 Operating Supplies3 |  |  |  |  |  |
| 2300 Repairs & Maintenance Supplies |  |  |  |  |  |
| **SUBTOTAL – SUPPLIES** |  |  |  |  |  |
| **3000 - 4000 OTHER SERVICES & CHARGES** 3100 Expert & Consultant Services |  |  |  |  |  |
| 3140 Contractual Employment |  |  |  |  |  |
| 3150 Data Processing |  |  |  |  |  |
| 3190 Other Professional Services4 |  |  |  |  |  |
| 3210 Telephone |  |  |  |  |  |
| 3220 Postage |  |  |  |  |  |
| 3300 Automobile Expense |  |  |  |  |  |
| 3310 Convention & Travel |  |  |  |  |  |
| 3400 Advertising |  |  |  |  |  |
| 3500 Printing & Duplicating |  |  |  |  |  |
| 3600 Insurance |  |  |  |  |  |
| 3700 Public Utility Services |  |  |  |  |  |
| 3800 Repairs & Maintenance |  |  |  |  |  |
| 3900 Rentals – Buildings |  |  |  |  |  |
| Rentals - Equipment |  |  |  |  |  |
| 4210 Education Expense |  |  |  |  |  |
| 4290 Other Miscellaneous Expenses5 |  |  |  |  |  |
| 4999 Administrative Costs/Indirect Costs6 |  |  |  |  |  |
| **SUBTOTAL - OTHER SERVICES & CHARGES** |  |  |  |  |  |
| **TOTAL EXPENDITURES** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Other Employee Benefits - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 3 Operating Supplies - Itemize below (Do Not Include Office Supplies): | |  | 4 Other Professional Services - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 5 Other Miscellaneous Expenses - Itemize below: | |  | 6 Administrative Costs/Indirect Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

6 Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the agency have a federally approved rate? | |  | Yes |  | No |
| If yes, provide the rate. |  | | | | |

**2018 Legal Services Request for Qualification**

**Proposed Personnel Detail Budget**

**January 1, 2019 – December 31, 2019**

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =** | |  | **hours/week** | | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | | | **FTE** | **# of Hours Employed** | **Hourly Rate** | **Title III-B** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
|  |  | | |  |  |  |  |  |  |  |  |
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|  |  | | |  |  |  |  |  |  |  |  |
| **Subtotal – Salaries & Wages** | | | | | | |  |  |  |  |  |
| **Personnel Benefits:** | | | | | | | | | | | |
| **FICA** | | | | | | |  |  |  |  |  |
| **Pensions/Retirement** | | | | | | |  |  |  |  |  |
| **Industrial Insurance** | | | | | | |  |  |  |  |  |
| **Health/Dental** | | | | | | |  |  |  |  |  |
| **Unemployment Compensation** | | | | | | |  |  |  |  |  |
| **Other Employee Benefits** | | | | | | |  |  |  |  |  |
| **Subtotal – Personnel Benefits:** | | | | | | |  |  |  |  |  |
| **Total Personnel Costs (Salaries & Benefits):** | | | | | | |  |  |  |  |  |